I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466147603US, in an envelope addressed to: Emmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

ted: February 18, 2005

Docket No.: MWS-027

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Donald P. Orofino, II, et al.

Application No.: 10/722,746

Art Unit: 2173

Filed: November 25, 2003

Examiner: Not Yet Assigned

For: SIGNAL INHERITANCE IN A GRAPHICAL

MODEL ENVIRONMENT

PRELIMINARY AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Preliminary to examination of the above-referenced patent application, please amend the application as follows.

02/25/2005 LWDNDIM1 00000093 120080

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• •	Invention

AMENDMENT TRANSMITTAL LETTER

Docket No. MWS-027

Application No.	Filing Date	Examiner	Art Uni
10/722746-Conf. #7299	November 25, 2003	Not Yet Assigned	2173

nt(s): Donald Paul OROFINO, II et al.

Invention: SIGNAL INHERITANCE IN A GRAPHICAL MODEL ENVIRONMENT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

ne lee has been	calculated and	ıs transmitte	d as snown b	elow.		
CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	89	- 84 =	5	х	50.00	250.00
Independent Claims	12	- 11 =	1	×	200.00	200.00
Multiple Depend	lent Claims (che	eck if applicabl	e)			
Other fee (pleas	e specify):					,
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:			450.00
x Large Entity					Small Entity	
 No additiona	I fee is require	d for this ame	ndment.			
× Please charg A duplicate o	ge Deposit Acc			the ar	mount of \$ _	450.00
A check in the amount of \$ to cover the filing fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.						
x Credit any overpayment.						
Charge a	nv additional fili	ng or applicatio	n processina f	ees rec	uired under 3	7 CFR 1.16 and 1.17.
Dated: February 18, 2005						
David R. Burns Attorney Reg. No.: 46,590						
LAHIVE & COC 28 State Street Boston, Massac (617) 227-7400	·)				

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Dated: February 18, 2005

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12082000. Free pursuant to the Consolidated Act 2005 (F.R. 4819). FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Application Number	Uniter the Pa	perwork Reduction Act of 1	995, no person are required to	respond to a collecti	on of informatio	irk Office; U.S. DE in unless it display	s a valid OMB o	ontrol number.
PREF TRANSMITTAL Filing Date November 25, 2003 First Named Inventor Donald Paul OROFINO, II Examiner Name Not Yet Assigned Not Yet	1 - 185			Complete if Known				
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Application Type		For EV 20	05			Donald Paul OROFINO, II		
TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attorney Docket No. MWS-027	—	1011120	03	Examiner Name	• N	Not Yet Assigned		
Check Credit Card Money Order None Other (please identify):	Applicant	claims small entity statu	s. See 37 CFR 1.27	Art Unit	Art Unit 2173			
Check	TOTAL AMOU	NT OF PAYMENT	(\$) 450.00	Attorney Docket	t No. M	IWS-027		
X Deposit Account Deposit Account Number 12-080 Deposit Account Name Lahive & Cockfield, LLP	METHOD OF	PAYMENT (check a	ill that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (see(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	Check	Credit Card	Money Order No	one Other	(please identif	fy):		
X Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayment of X Credit any overpayments	x Deposit Acc	count Deposit Acco	unt Number: 12-0080	Deposit Account Na	ame:	Lahive & Co	ckfield, LLP	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	For the	above-identified depos	sit account, the Director i	_ s hereby authoriz	ed to: (check	c all that apply)		
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Provisional 200 100 0 0 0 0 0 0							-	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claim over 3 (including Reissues) Multiple dependent claims Fee (\$)								
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 =	40							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. (Attorney/Agent) 46,590 Telephone (617) 227-7400	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
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Other (e.g., late filing surcharge): SUBMITTED BY Signature Registration No. (Attorney/Agent) 46,590 Telephone (617) 227-7400							Fees P	aid (\$)
SUBMITTED BY Signature Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	Non-English	Specification, \$130	fee (no small entity disc	count)				
Signature David CB m.D Registration No. (Attorney/Agent) 46,590 Telephone (617) 227-7400	Other (e.g., la	Other (e.g., late filing surcharge):						
(Attorney/Agent) 40,590 Telephone (017) 221-7400	SUBMITTED BY							
Name (Print/Type) David R Burns Date February 18 2005	Signature	Daniel R	Bms		46,590	Telephone	(617) 227	7400
1 contains 10, 2000	Name (Print/Type)	David R. Burns				Date	February 18	3, 2005

I hereby certify that this corre	spondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466147603US,
in an envelope addressed to:	MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date
shown below.	7,000
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Dated: February 18, 2005

Signature: _____

_ (David R. Burns)